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EXOPHTHALMIC GOITRE

By A. H. LOGAN, M.D., Rochester, Minnesota

EXOPHTHALMIC goitre or Graves' disease is a disease affecting the entire organism, and is due to an excess secretion from the thyroid gland. It differs from simple goitre, in that the enlargement of the thyroid is made up mainly of cells, which give off a more or less normal secretion, but too much of it, which then acts as a poison; *e.g.*, strychnine, grs. $\frac{1}{60}$, acts as a tonic, but grs. 1 is a strong poison. The large simple goitres are composed mainly of slightly changed cells with enlarged acini or spaces, which contain a thick substance known as colloid. This is but slowly absorbed. A simple goitre may degenerate or break down; then giving off a poison which acts on the general organism, much like that from an exophthalmic goitre.

The thyroid gland and the pelvic organs in women have some physiologic relationship; as is seen in the adolescent goitre, coming on at puberty, lasting a few months and disappearing, usually without treatment; also the enlargement of the thyroid at the menstrual time with its excess secretion, causing the nervous phenomena then; and the enlargement during pregnancy with its lessened danger to kidney breakdown.

Exophthalmic goitre causes the entire organism to work too fast, thus wearing out the organs rapidly, the heart usually being the first to feel the strain. From this condition we get most of our symptoms, *i.e.*, either from organs working too rapidly or from wearing out ones not able to keep up the rapid work demanded. Thus we get palpitation of the heart, with rapid pulse rate, shortness of breath; nervousness and fine tremor of the fingers and hands, with loss of weight and strength. The goitre itself and protrusion of the eyes are at times not noticeably present at the beginning. When the disease is severe or an acute attack is present, vomiting and diarrhoea are marked symptoms. The pharyngitis and stomatitis of the acute stage are very painful and troublesome conditions and require careful nursing. Extreme restlessness is a serious symptom. Sweating, insomnia, hoarseness, itching, and pigmentation of the skin are symptoms seen more or less often.

The diagnosis between some types of neurasthenia and mild exophthalmic goitre is at times very difficult, the patient having to be under close observation for some time, as many of the symptoms are identical.

The heart and kidneys are usually seriously affected and the patient must be carefully guarded from overexertion and excitement. Medical treatment is, in most cases, palliative and should be given in preparation of the patient for early surgical intervention.

NURSING OF EXOPHTHALMIC GOITRE

By ANNA C. JAMME, R.N.

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THE nursing before operation is directed mainly towards keeping the patient quiet, removing all causes of worry and excitement, avoiding mental stimulus, as prolonged reading aloud or long and exciting conversation. Rest in bed as much as possible. A sponge bath should be given both night and morning. Fluids should be given freely. If there is diarrhoea or disturbance of digestion, light, easily digested food, no heavy proteids, constitute the diet.

The patient may be unable to feed herself, due to nervous tremor. In young patients belladonna with quinine is ordered if the heart action shows uneven tension or irregularity. In certain cases the X-ray is applied over the gland, which may give temporary improvement. Where there is broken compensation, ascites, or oedema, digitalis is ordered. An ice cap over the heart at night may assist in quieting the pulse and usually gives great relief. The cap should be held in position by a light bandage, otherwise it is most frequently found over the liver or spleen, in restless patients.

In the preparation for operation a soap-suds enema is given; no cathartic unless there has been constipation. A hypodermic injection of morphine, grs. $\frac{1}{6}$, to allay nervousness and lessen the amount of ether for profound anæsthesia, is given one hour before the operation begins; with this is also given atropine, grs. $\frac{1}{150}$, to relieve the mucus from the trachea during operation. The patient is placed on the table in reverse Trendelenberg position in order to relieve the upper portion of the body from pressure of blood. In cocaine cases, scopolamine, grs. $\frac{1}{120}$ — $\frac{1}{150}$, is given with morphine, grs. $\frac{1}{6}$, one hour before operation.

On return of patient to bed, a rectal injection of salt solution, one quart, is given slowly and under light pressure, and repeated several times in the first thirty-six hours. Should this not be retained, saline is then given subcutaneously. An ice cap is placed over the heart